

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **423118**

1. Entity Name

SQUIRES BINGHAM INTERNATIONAL, INC.

Principal Place of Business

**954 FLORIDA AVE.
ROCKLEDGE FL 32955**

Mailing Address

**954 FLORIDA AVE.
ROCKLEDGE FL 32955**

2. Principal Place of Business

3. Mailing Address

**1840 Baldwin Ave
Suite, Apt. #, etc. #10**

**1840 Baldwin Ave
Suite, Apt. #, etc. #10**

City & State

Rockledge FL

City & State

Rockledge FL

Zip

32955

Country

USA

Zip

32955

Country

USA

4. FEI Number

59-1553273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIRSCHNER, NEAL A.
954 FLORIDA AVE.
ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

Name

Kirschner, Neal A

Street Address (P.O. Box Number is Not Acceptable)

1840 Baldwin Ave #10

City

Rockledge

FL

Zip Code

32955

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Neal A Kirschner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-2-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KIRSCHNER, NEAL A**
STREET ADDRESS **954 FLORIDA AVE**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Kirschner, Neal A**
STREET ADDRESS **1840 Baldwin Ave #10**
CITY-ST-ZIP **Rockledge FL 32955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Neal A Kirschner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02
Date

321-636-3376
Daytime Phone #

CR2F034 (9/01)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90124 004 ***150.00



DO NOT WRITE IN THIS SPACE